

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Stretcher Van Certificate
from John Cook, Secure Transportation Services
Corporation

25875
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2014 - 345 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: John Cook, Secure Transportation Svcs

Telephone: 704.890.3728

Address: 2011 Woodcrest Circle

Fax: n/a

Rock Hill SC 29732

Other: n/a

Email: johncookslp@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input checked="" type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JP

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - STRETCHER VAN

Date: August 8, 2014

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Secure Transportation Services Corporation

2011 Woodcrest Circle, Rock Hill SC 29732

Street Address of Applicant

(same)

Mailing Address of Applicant (if different from street address)

704.890.3728

Phone

n/a

Fax

johncooks1p@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

John Cook, President

John Cook, Secretary

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month August Year 2014

Assets:

Cash	\$41,000.00
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	\$1,000.00
Supplies on Hand	\$100.00
Prepays and Other Assets	
Total Assets *	\$43,100.00
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	\$0
Capital Stock	\$1,000.00
Retained Earnings	
Total Equity	\$43,100.00
Total Liabilities and Equity *	\$43,100.00

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

Stretcher Transports: Maximum charge of \$250.00 each way and/or up to \$8.00 per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
(Mercedes)	(2015 Sprinter Van)	(will obtain with PSC certificate)	(6128 lbs)	x

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Secure Transportation Services Corporation
Name of Applicant

2011 Woodcrest Cr, Rock Hill SC 29732
Address of Applicant

Amount of Premium:

Liability Insurance \$ 6,600.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted		
Liability Combined Each Occurance	\$ 1,000,000	<u>\$1,000,000</u>
Medical Payments per Person	\$ 1,000	<u>\$1000</u>

National Indemnity Insurance
Name of Insurance Company

Omaha, NE 68131
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7/22/2014
Date

George H. Schwab
Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

John Cook / Secure Transportation Services Corporation

Name

pending

U.S.D.O.T No.

pending

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☐ No ☒ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver and Assistant Driver Qualifications

1. Applicant has read and understands Commission Regulation 103-133(8).
☒ Yes ☐ No
2. Applicant has on file a certified copy of the driver's and assistant driver's three (3) year driving records issued by the SC DMV and such records from the DMV of the state in which the driver or the assistant driver is or has been domiciled for such period.
☒ Yes ☐ No
3. Applicant has obtained and retained the criminal history background checks from the state where the driver and assistant driver live.
☒ Yes ☐ No
4. Applicant understands that all drivers and assistant drivers must have in their possession at the time of such operation valid drivers' licenses issued by the SC DMV or the current state of residence of the driver or assistant driver.
☒ Yes ☐ No
5. Applicant understands that all stretcher van certificate holders are prohibited from employing drivers and assistant drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.
☒ Yes ☐ No
6. Applicant understands that all stretcher van drivers and assistant drivers must possess a current Red Cross First Aid certification or an American Safety and Health Institute certification, or certification from a program that meets or exceeds the certification standards of the Red Cross First Aid or the American Safety and Health Institute, and Adult Cardiopulmonary Resuscitation (CPR) certification.
☒ Yes ☐ No
7. Applicant understands that the driver's and assistant driver's Red Cross First Aid certification must be renewed every three (3) years and the Adult CPR certification must be renewed annually.
☒ Yes ☐ No
8. Applicant understands that an individual must not be transported in a stretcher van if the individual has a written statement from a licensed physician prohibiting transportation in a stretcher van.
☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

President, Secure Transportation Services Corporation

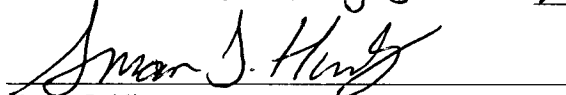
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF York)

SWORN TO BEFORE ME

This 8 day of August, 20 14



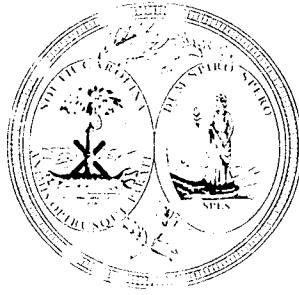
Notary Public

Commission Expires

Susan Huntley

Notary Public State of South Carolina
My Commission Expires 7-23-2023

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

SECURE TRANSPORTATION SERVICES CORPORATION,
a corporation duly organized under the laws of the State of South Carolina on
June 23rd, 2014, and having a perpetual duration unless otherwise indicated
below, has as of the date hereof filed all reports due this office, paid all fees,
taxes and penalties owed to the Secretary of State, that the Secretary of State
has not mailed notice to the Corporation that it is subject to being dissolved by
administrative action pursuant to section 33-14-210 of the South Carolina Code,
and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
30th day of June, 2014.


Mark Hammond, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual reports with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

JUN 23 2014

ARTICLES OF INCORPORATION


SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

1. The name of the proposed corporation is Secure Transportation Services Corporation
2. The initial registered office of the corporation is 2011 Woodcrest Circle
Street Address

Rock Hill York South Carolina 29732
City County State Zip Code

and the initial registered agent at such address is John Cook
Print Name

I hereby consent to the appointment as registered agent of the corporation:


Agent's Signature John Cook

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:

a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 1,000.

b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized No. of Each Class
_____	_____
_____	_____
_____	_____

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

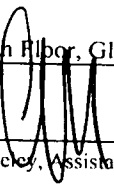
4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) _____

140630-0090 FILED: 06/23/2014
SECURE TRANSPORTATION SERVICES CORPORATION
Filing Fee: \$135.00 ORIG

Mark Hammond South Carolina Secretary of State

Secure Transportation Services Corporation
Name of Corporation

5. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).
6. The name, address, and signature of each incorporator is as follows (only one incorporator is required):

a. LegalZoom.com, Inc.
Name
101 N. Brand Blvd., 11th Floor, Glendale, CA 91203
Address

Signature Cheyenne Mosley, Assistant Secretary of LegalZoom.com, Inc. (Incorporator)

b. _____
Name

Address

Signature

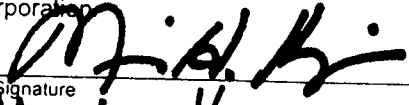
c. _____
Name

Address

Signature

7. I, Martin Kiser, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Date 6/23/2014


Signature
Martin Kiser
Type or Print Name
2 Office Park Ct, Ste 103
Address
Columbia, SC 29223
803-699-6130
Telephone Number

1350



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**INITIAL ANNUAL
REPORT OF CORPORATIONS**

CL-1
(Rev. 9/7/10)
3134

Office Use Only

► File Number _____ ► ENDING PERIOD _____ Month _____ Year _____ SID Number _____

Date "Application for Charter" filed with Secretary of State JUN 23 2014 For Secretary of State Use Only

Date of "Request for authority to do business in this state" (Foreign Corp.) _____

FEIN To Be Applied For _____ Business Code _____

☐ Check if subchapter S election

(Office Use Only)

NAME OF CORPORATION **Secure Transportation Services Corporation** Telephone # **(704) 890-3728**

PHYSICAL ADDRESS OF HEADQUARTERS (NUMBER AND STREET) **2011 Woodcrest Circle** MAILING ADDRESS FOR TAX CORRESPONDENCE **2011 Woodcrest Circle**

CITY AND STATE ZIP COUNTY CITY AND STATE ZIP
Rock Hill, South Carolina 29732 York Rock Hill, South Carolina 29732

1. State of incorporation: **South Carolina** 2. Indicate month corporation closes its books: **December 31**

3. Nature of principal business in SC: **Transportation - Non-emergency wheelchair and/or stretcher transport**

4. Location of registered office of the corporation in the state of SC is in the city of **Rock Hill**
Registered agent at such address is **John Cook**

5. Location of principal office in SC (street, city, zip and county): **2011 Woodcrest Circle, Rock Hill, South Carolina 29732, York County**

6. Date business commenced in SC: **upon incorporation** Effective Date of Incorporation: _____

7. If a professional corporation, are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the corporation?

8. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:

Name/Title	Business Address and Office
John Cook, President	2011 Woodcrest Circle, Rock Hill, South Carolina 29732, York County
John Cook, Treasurer	2011 Woodcrest Circle, Rock Hill, South Carolina 29732, York County
John Cook, Secretary	2011 Woodcrest Circle, Rock Hill, South Carolina 29732, York County
John Cook, Director	2011 Woodcrest Circle, Rock Hill, South Carolina 29732, York County

9. The total number of **authorized shares** of capital stock itemized by class and series, if any, within each class as follows:

Number of Shares	1,000	Class	Common	Series

10. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:

Number of Shares	500	Class	Common	Series

1. Fee due with this report	1.	25	00
2. Interest due	2.		
3. Penalty due	3.		
4. Total - Due	4.	25	00

See instructions for payment and mailing.

AFFIDAVIT

I, the undersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including accompanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and complete return made in good faith.

Cheyenne Moseley

THIS RETURN PREPARED BY

6/20/14

DATE

SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN

Assistant Secretary, of LegalZoom.com, Inc. (Incorporator)

TITLE

31341027

ATTACH REMITTANCE HERE

Secure Transportation Services Corporation

2011 Woodcrest Circle

Rock Hill SC 29732

August 8, 2014

Public Service Commission

Clerk's Office

PO Drawer 11649

Columbia SC 29211

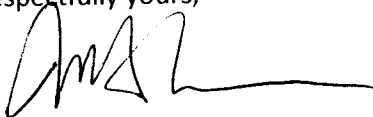
Attention: Tricia DeSanty

Dear Public Service Commission,

Enclosed please find my completed application for a Class C Stretcher Van Certificate. I have recently filed an application for a Class C Non-Emergency Certificate, and for your reference, it has been assigned docket number 2014-336-T. Supporting documentation for this Stretcher Van application, including the Certificate of Existence and the Articles of Incorporation for Secure Transportation Services Corporation, are already on file with the PSC with the Class C Non-Emergency application I filed nearly 1 week ago.

I appreciate the Commission's consideration of my application in advance, and I eagerly await your correspondence. Please let me know if there is anything I may provide to support my application further. I remain,

Respectfully yours,



John Cook, President

Secure Transportation Services Corporation

RECEIVED

AUG 11 2014

CLERK'S OFFICE